| ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECERD. Every item of infor- | on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | ISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. | 9   |   |
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| TE  | u sh   | EO   | is  |   |
| H   | 0  | 02   | Z   | 1 |

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | 107  |
|--|--|
| County 9 Q S   | Registration Dist. No. 250   |
| Village or City VTM Randay   | No. St Ward  |
|  | death occurred in a hospital or institution, give its NAME instead of street and number) |
|  | ds. How long in U.S. if of foreign birth?yrsmosds.                                       |
| 2. FULL NAME / Home 10 auto  |  |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State                                   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH  |
| OR DIVORCED (write the word)   | Del 11 1938  |
| 5a. If married, widowed, or divorced   | (Month) (Day) (Year)   |
| HUSBAND of (or) WIFE of  | 22.   HEREBY CERTIFY That I attanded deceased from                                       |
| 5/0-112/24   | 1987 to 126 (1 , 1987  |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than  | I last saw heave alive on  |
| 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of importance                            |
| 8. Trada profession or particular  | were as follows:   |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  | Party Briefly Muy  |
| NOT A STANDARD TO PARTICULAR TO THE STANDARD THE STA |  |
| SAW MILL, BANK, etc.   |  |
| Spell III (III)  |  |
| year) occupation   | Other Contributory Causes of Importance:   |
| 12. BIRTHPLACE (city or town) (State or country)   |  |
|  | apriouse   |
| 13. NAME French Rounds  14. BIRTHPLACE (city or town) 7-9  |  |
| [4. BIRTHPLACE (city or town) (State or country)   | Name of operation Date of  |
|  | What test confirmed diagnosis?   |
| E 7  | 23. If death was due to external causes (VIOLENCE) fill in also the following:           |
| State or country)  | Accident, suicide, or homicide?  |
| Land Barbar  | Where did injury occur? (Specify city or town, county and State)                         |
| 17. INFORMANT CAUTE CONTRACT C | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.                |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury   |
| Place the grown Date 4 6 13 1937   | Nature of injury   |
| 10 HINDERTAKED R. B. Randan  | 24. Was disease or injury in any way related to occupation of deceased?                  |
| 19. UNDERTAKER (Address)  Skunsters  M   | If so, specify   |
| 20 FILED Dec. 12 137-Eliza berh Nickers  | (Signed) C Musikeell MD  |
| 20. FILED ACC. 100, 100 Company Concal Begistrar.  | (Address) Fill Partie Well   |
| 760 11 1   |  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:   |               |
| Gallstones Gallstones  | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE RGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. WITH -WRITE PLAINLY,

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|---|--|
| 1. PLACE OF DEATH   |  |
| County Lucen Comme  | Registration Dist. No. 252   |
| Village or City Ceretiesela   | NoSt.,Ward   |
| 25° (II   | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 01111   | ds. How long in U.S. if of foraign birth?mosds.  |
| 2. FULL NAME from translew 12   | Least If U. S. Veteran, specify WAR  |
| (a) Residence: No. / Custreactle Mad (Usual place of abode)   | St., Ward.  If nonresident give city or town and State                                   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH /2- /9- 193 7  |
|   | (Month) (Day) (Yaar)   |
| 5a. If married, widewed, or divorced HUSBAND of Cor) WIFE of Edith rewin Blunt  | 22. 4 - I HEREBY CERTIFY. That I attended decassed from 1937, to 12-19 1937              |
| 6. DATE OF BIRTH (month, day, and year) Gung 18-1889  | I last saw h alive on 12 4 1 9 45 , 19 27; death is said                                 |
| 7. AGE Yaers Months Days If LESS than   | to have occurred on the date stated above, atm.  |
| 48 4 / 1 dey,hrs.   | The PRINCIPAL CAUSE OF DEATH end ralated causes of importance as follows:                |
| 8. Trade, profession, or particular   | 25.000   |
| kind of work dona, as SPINNER, Lectucian  | Columna 1  |
| kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked et this occupation (month and | # 1  |
| SAW MILL, BANK, atc   | The Museum   |
| Dete deceased last worked et this occupation (month and year) spent in this 12 year occupation occupation.  |  |
| Bert  | Other Castribatory Causes of importance:   |
| 12. BIRTHPLACE (city or town) 2 cash and Co Miles   |  |
|   |  |
| 13. NAME Jame R Bluet  14. BIRTHPLACE (city or town) Sugartown  (State or musta)  |  |
| 14. BIRTHPLACE (city or town).  | Name of operation  |
| (Stella of country) with areas to 10 7  | What test confirmed diegnosis? Wes there an autopsy?                                     |
| I 15. MAIDEN NAME Many Milwen   | 23. If death was due to axternal causas (VIOLENCE) fill in also the following:           |
| 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Date of injury, 19                                       |
| (State or country) Lucia lune Co Mig  | Where did injury occur?(Specify city or town, county and State)                          |
| 17. INFORMANT has John & Bleent (Address) Constravelle, Man   | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,                |
| 18. BURIAL, CREMATION, OR REMOVAL   | Menner of injury   |
| Place Cultivalle Date Nec 1, 193/   | Neture of injury   |
| 10 Harrows Buton Biro   | 24. Wes diseasa o injury in any way related to occupetion of deceasad?                   |
| 19. UNDERTAKER Cultiviele Wed   | If so, specify   |
| Dec 21 27 175 : Q Q 14  | (Signed) M. D.   |
| 20. FILED Mec. 2/, 1937 I tames D. Bright Gesistrar.  | (Address)  |
| If more blanks are needed, address State Registrar,   | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                               |

V. S. No. 1

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11.—The number of years the deceased followed the occupation.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1038  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car ·   | 1 week ago    |
| Cerebral hemorrhage  | July5,1927    | Peritonitis  | 3 days ago    |
| 1 100  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
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ARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA. Every item of infor-UNFADING INK—THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. WITH N. B.—WRITE PLAINEY

|  | S   | TATE C  | OF MAR       | YLAND-   | CERTIFICATE OF DEATH   | 13           |
|--|---|---|--------------|--|--|--------------|
| 1. PLAC  | E OF DEA  |   |              |  | <u> </u>   | 10           |
| Count  | y Queen   | Anne  |              | A STATE OF THE STA | Registration Dist. No. 253   |              |
| Village  | or City   | Stevensvi   | lle          |  | No. St   | Ward         |
|  |   |   |              | (If  | If death occurred in a horpital or institution, give its NAME instead of street and num sds. How long in U.S. if of foreign birth?yrsmos | ber)         |
|  | NAME  |   |              | ordley   |  |              |
| (a) Re   | sidence: No   |   |              |  | St., Ward.   |              |
| PER  | SONAL AN  | ND STATIST  | (Usual place |  | If nonresident give city or town and Sta   | te           |
| 3. SEX   | -   | OR OR RACE  |              |  | MEDICAL CERTIFICATE OF DEATH   |              |
| unk  |   | Col   |              | RRIED, WIDOWED,<br>ED (write the word)   | 21. DATE OF DEATH Dec. 5   | 937          |
| 5a. If married,  | widowed, or div                                       | orced   |              | 21 - 1   | (Month) (Dey)  | (Yeer)       |
| (or) WIFE  | of<br>of  |   |              |  | 22. I HEREBY CERTIFY, Thet i attended dec  |              |
| 6. DATE OF B   | IRTH (month, da                                       | ay, end yeer) De  | c. 5. 19     | 37   | I last saw h elive on  |              |
| 7. AGE   | Years   | Months  | Days         | If LESS than 1 dey,hrs.  | to have occurred on the date steted ebove, atm,  |              |
| 1 o Trado  | - seferalen er e                                      |   |              | ormin.   |  | ets of onset |
| O SA   | profession, or p<br>nd of work done,<br>WYER, BOOKKE  | es SPINNER,<br>EPER, etc  |              |  | St. 11 (Balt)  |              |
| 9. industr   | ry or business in<br>rk was done, es<br>W MILL, BANK, | n which   |              |  | way was  | ~~~~         |
|  | deceesed last wo<br>is occupation (mo<br>er)          | orked at<br>onth end  | spa          | time (years)<br>ent In this<br>upation   |  |              |
|  | CE (city or town)                                     | Stev  | rensville    |  | Other Contributory Canses of Importence:   |              |
|  |   | d Bordley   |              |  |  |              |
| Ŧ  |   |   |              |  |  |              |
| 14. BIRTHI   | PLACE (city or to<br>tate or country)                 | own)Ste   | ven-sville   | e-,-Md-,   | Name of operation Date of  |              |
|  | 77  | attie Rob   | inson        |  | Whet test confirmed diagnosis? Was there en euto   | psy?         |
| I  |   | . 9   |              | 2.2 - 164  | 23. If death wes due to externel causes (VIOLENCE) fill in elso the following:   | -            |
| 16. BIRTHPLACE (city or town) Stevensville, Md. (State or country) |   | Accident, suicide, or homicide? Date of injury  Where did injury occur? | ., 19        |  |  |              |
| 17. INFORMAN'  |   | riet &  | laus         | bury   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                       |              |
| 18. BURIAL, CR   | REMATION, OR F  | REMOVAL .   | Dete DE      | 26 1938  | Menner of Injury   |              |
| 19. UNDERTAK   | 12.10   | ud Bo   | rdley (      | activis  | Nature of injury 24. Was disease or injury in any wey related to occupation of deceased?   |              |
| (Addres  |   | ltven   | svide        | mid  | If so, specify A D S   | 9-1-         |
| 20. FILED  | 06  | 1938 7  | 3. 3h        | ouas,  | (Signed) to Chowas, tocal le   | granger      |

Registrar.

Topa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       | May 1,1923    | Other contributory causes of importance:                                       | 1 year        |
| Cantonico  |               | 1 42   |               |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK-THIS IS A PERMANENT RE ARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state of OCCUPA-Exact statement AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be tion should be carefully supplied. WRITE PLAINLY, WITH TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

13214

| 1. PLACE OF DEATH   | 92-0   |
|---|--|
| Count Count Count   | Registration Dist. No. 252   |
| Village or City Rushishing the Le   | St., Ward  |
| (If   | death occurred in a hospital or institution, give its NAME instead of street and number)                           |
| Length of residence in city or town where death occurredyrsmos.   | ds. How long in U.S. if of foreign birth?yrsmosds.   |
| 2. FULL NAME  | If U.S. Veteran specify WAR.   |
| (a) Residence: No.  | St., Ward.  If nonresident give city or town and State   |
| (Usual place of abode) (for PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH  |
| OR DIVORCED (write the word)  | 12 - 16 193  |
| 5a. If married, widowed, or divorced  | (Month) (Day) (Year)   |
| HUSBAND of (or) WIFE of   | 22.   HEREBY CERTIFY, That I attended deceased from  |
| Victory 177   | 11-70,193/, to 12-(5,19-3/   |
| 6. DATE OF BIRTH (month, day, end year)   | I last saw harman alive on 192, death is said  |
| 7. AGE Years Months Days If LESS than 1 day,  | to have occurred on the date steted above, et  |
| St ormin.   | The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:                                     |
| 8 Trede, profession, or particular kind of work done, as SPINNER,   |  |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | ahour apports  |
| work was done, as SILK MILL, SAW MILL, BANK, etc  | diame of the house   |
| 10. Date deceased last worked at 11. Total time (years)   | 70012-1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-   |
| this occupation (month end spant in this occupation   |  |
| 12. BIRTHPLACE (city or town)   | Other Contributory Causes of importance:   |
| (State or country)  | Willia- Helicon  |
| W 13. NAME  |  |
| 13. NAME 14. BIRTHPLACE (city or town)  | Name of operation Dete of  |
| (State or country)  | What test confirmed diagnosis? Was there an autopsy?   |
| TE 15. MAIDEN NAME  | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                     |
| 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Dete of Injury, 19   |
| (State or country)  | Where did injury occur?  |
| 17. INFORMANT NO 10. Inches   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address)   |  |
| 18. BURIAL, CREMATION OR REMOVAL  | Manner of injury   |
| Place Date 2 1 192  | Nature of Injury   |
| 19. UNDERTAKER Win 10, Wunder Taups.)   | 24. Was diseese or injury in any way related to occupation of deceased?  |
| (Address)   | If so, specify   |
| 20. FILED Dec 17, 1937 Mamie & Bright   | (Signed) M. D.   |
| Cocal Megistrar.  | (Address)  |

If more blanks are needed, address Sutte Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| 100 5 1038   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 B

ż

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 13215   |
|--|--|
| 1. PLACE OF DEATH  | 115-0/   |
| County   | Registration Dist. No. 25-/  |
| Village or City Con Menual Processing (III   | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)                               |
|  | ds. How long in U.S. if of foreign birth?mosds.  |
| 2. FULL NAME of way glock  | If U.S. Veteran specify WAR  |
| (a) Residence: No State of the Wayan place of abode  | Ward.  If sourcesident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| SEX 4. COLOR OF KACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH Del 16 193 7   |
| 5e. If metried, widowed, Plivorced HUSBAND of  | (Month) (Day) (Yeer)   |
| (or) WIFE of CULL  | 22. I HEREBY CERTIFY That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) Let. 24, 1932  | I last saw h. Mive on OLO 70 ,19.3 7; death is said  |
| 7. AGE Years Months Deys If LESS than  | to heve occurred on the date steted above, at  |
| 5 10 2 1day,hrs.   | The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were actionisms:  Date of onset  |
| 8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  | serap locale repullationer   |
| 9. ledustry or business in which work was done, as SILK MILL.  |  |
| SAW MILL, BANK, etc  10- bate deceased lest worked at this occupation (month and year)   |  |
| 12. BIRTHPLACE (city or town) COM FREEDE O   | Other Contributery Courses of importance:  |
| 13. NAME Letupu Coloni   | 7.   |
| 14. BIRTHPLACE (city or town) Authorities (State or country)   | Neme of operation All Dete of  |
| 15. MAIDEN NAME Wille Provider   | What test confirmed diegnosis? Was there an eutopsyl   |
|  | 23. If death was due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  19 |
| O 16. BIRTHPLACE (city or town)  (State programmy Classification of the Company Classification o | Where did injury occur?  |
| 17. INFORMANT TUPL CLOSEL  | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                   |
| 18. BURIAL, CREMATION, OR REMOVAL  Place WALLAND Date Date 1, 19.3%  | Menner of injury   |
| 19. UNDERTAKER WY N GOOD  (Address) & Charch Hill  | 24. Was disease or injury in any way related to occupation of deceased?  |
| 20. FILED TOCK Q7, 1937 WHEY word Registrar.   | (Signer) Delle D. Delle J. M. D. (Address) Bluelly Track J.  |
| 76 11 11 11 11 11 11   | N. C. L. C. D. L. C. D. C.   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

|  | Example II   |   |
|--|--|---|
| Date of onset  | The principal cause of death and related causes of importance were as follows: | Date of onset   |
| 1915   | Attack of epilepsy   | 1 week ago  |
| 1921   | Run over by street car   | 1 week ago  |
| July 5,1927  | Peritonitis  | 3 days ago  |
|  |  |   |
| 1  | Other contributory causes of importance:                                       |   |
| May 1,1923   | Gastroenteritis  | 1 year  |
|  |  |   |
| The second secon | 1915<br>1921<br>July 5,1927  | Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance: |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

|  | -Joju   | tate   | PA-  |  |
|--|---|--|--|--|
|  | N. B. WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RE. RD. Every item of infor- | mition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |  |
|  | y ite   | S  | t of   |  |
|  | D. Ever   | SICIAN   | tatemen  | 1  |
| 4  | 5   | PHY  | ct s   |  |
|  | RE  |  | Exa  |  |
| 5  | ENT   | TLY  | ied.   |  |
|  | <b>EMAN</b>   | XAC  | classif  |  |
| 1  | PEF   | 田  | rly  | ate.   |
| DISTRICT OF A PROPERTY AND A PARTY OF A PART | IS A  | stated   | proper   | TION is very important. See instructions on back of certificate. |
| 1  | HIS   | pe   | pe   | Jo   |
| 1 1 1  | K-T]  | pluod  | may.   | back   |
|  | Z   | E S  | at in  | s on   |
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|  | TH  | lly s  | plair  | S.   |
|  | M   | refu   | in   | tant   |
| V  | NE  | e ca   | ATH  | npor   |
| -  | H   | lld l  | DE   | ry in  |
|  | E P   | shor   | OF   | s ve   |
|  | RIT   | tion   | USE  | NC   |
|  | M   | E  | 5  | F  |
|  | I. B.   | 1  |  |  |
|  | 4   |  |  |  |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH  | 110        |
|--|---|------------|
| 1. PLACE OF DEATH  | (3)   | J1()       |
| County Jaftert Lucen Um  | Registration Dist. No. 252  |            |
| Village or City access Career  | NoSt.,  | Ward       |
|  | death occurred in a hospital or institution, give its NAME instead of street and numbeds. How long in U.S. if of foreign birth?yrsmos |            |
| 2. FULL NAME & Marine Cors   |   |            |
|  | St. Ward.   | ******     |
| (a) Residence: No. (Usual place of abode)  | If nonresident give city or town and State  |            |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |            |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH   | 7          |
| Mala White married   | (Month) (Day)   | Yeer)      |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of   | 22. I HEREBY CERTIFY, That I ettended decea   | sed from   |
| Sucre Svay   | guy 29 1987 to Alle 28  | 137        |
| 6. DATE OF BIRTH (month, dey, and yeer) Sept 37-1875   | Hest vaw has elive on New. 20, 1937; dee  | th is said |
| 7. AGE Yeers Months Days if LESS than I deyhrs.  | to have occurred on the date stated above, at 440 Q.m.  |            |
| 6 - 0 - or min.  | The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:  | e el enset |
| Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.   |   |            |
| SAWYER, BOOKKEEPER, etc.   | 71 / 6 21   | luzz       |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and | recurse venninge.   | 937        |
| 10. Date deceased lest worked at this occupation (month and spent in this  |   |            |
| year) occupation occupation  | Other Contributory Causes of importance;  |            |
| 12. BIRTHPLACE (city or town)  |   | ,          |
| (Stete or country)   |   | 932        |
| II. NAME  A. BIRTHPLACE (city or town)   | thronic glymerulas lefhirles /  | 1874       |
| A. BIRTHPLACE (city or town)   | Neme of operation Dete of   |            |
| (State or country)   | Whet test confirmed diagnosis? Wes there an eutops  | y?         |
| 15. MAIDEN NAME Satharine Collision 16. BIRTHPLACE (city or town)  | 23. If death was due to external ceuses (VIOLENCE) fill in elso the following:  |            |
| O 16. BIRTHPLACE (city or town)  (State or country)  | Accident, suicide, or homicide?   | 19         |
| 1007 8   | Where did injury occur? (Specify city or town, county and State)  |            |
| 17. INFORMANT (Address) 8/10 Sackbarrat Church   | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.   |            |
| 18. BURIAL, CREMATION, OR REMOVAL  | Menner of injury  |            |
| Piece Dete /2/29, 1927   | Neture of injury  |            |
| 19. UNDERTAKER Janes a Asserber  | 24. Was diseese or injury in eny way related to occupetion of deceased?   | )          |
| (Address) Zaslan Hild "  | If so, specify  |            |
| 20 FILED Dec 28, 1937 Manie & Bright   | (Signed) Sulf Mulls   | M. D.      |
| Tocal Registrar.   | (Address) hourton Mil   |            |
| If more blanks are needed, address Stath Registrar.  | 2411 N. Charles Street. Baltimore. Requesting U. S. No. 1.  |            |

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance:

| stones       | May 1,1923     | Gastroenteritis            | 1 year |
|--------------|----------------|----------------------------|--------|
|              |                |                            |        |
| ADDITIONAL S | PACE FOR FURTH | ER STATEMENTS BY PHYSICIAN |        |
|              |                |                            |        |
|              |                |                            |        |
|              |                |                            |        |

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

| STATE O | F MARYI | AND-CER | <b>TIFICATE</b> | OF | DEATH |
|---------|---------|---------|-----------------|----|-------|
|---------|---------|---------|-----------------|----|-------|

| - 1 | 4 7 | 6 11 | 4  | 10, |
|-----|-----|------|----|-----|
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|     |     |      | 40 | -   |

| 1. PLACE OF DEATH  |   | <b>(2</b> )   | 3 9               |
|--|---|---|-------------------|
| County Suile   | n dune                                      | Registration Dist. No. 2  | .50               |
| Village or City / Leas   | 1 Barch                                     | a to st.  | Ward              |
| Length of residence in city or town where d  |   | death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs |                   |
| Longith of residence in city of town where t   | eath occurred his mos                       |   | mosds.            |
| 2. FULL NAME   | ry dyn                                      | CLU.S. Veteran specify WAR  |                   |
| (a) Residence: No.   | All Jarce of abode)                         | Ward.  If nonresident give city or town at  | nd State          |
| PERSONAL AND STATISTI  |   | MEDICAL CERTIFICATE OF DEATH  | no Date           |
| 3. SEX 4. COLOR OR RACE  | 5. SINGLE, MARRIED, WIDOWED,                | 21. DATE OF DEATH   | ~7                |
| Male Colored   | OR DIVORCED (write the word)                | (Month) (Day)   | , 193             |
| 5a. If married, widowed, or divorced HUSBAND of  | - Marigue                                   | (Month) (Day)   | (Year)            |
| (or) WIFE of   | U torn                                      | 22. I HEREBY CERTIFY, That I attende  | d deceased from   |
|  | 2/1025                                      | 19 - 10 - 10  | , 19              |
| 7. AGE Years Months  | Deys If LESS than                           | to have occurred on the date stated above. e3: 30 Am  | _ 4 death is said |
| TO THE STATE OF TH | 1 day,hrs.                                  | The PRINCIPAL CAUSE OF DEATH and releted causes of importance   |                   |
| 8. Trede, profession, or particular  |   | were as follows:  | Date of enset     |
| kind of work done, es SPINNER,<br>SAWYER, BOOKKEEPER, etc.   |   | Stillton  |                   |
| 9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  |   |   |                   |
|  | 1   |   |                   |
| 10. Date deceased last worked et this occupation (month and  | 11. Total time (yeers) spent in this        |   |                   |
| year)  | ocaepation                                  | Other Contributory Causes of Importance:  |                   |
| 12. BIRTHPLACE (city or town) (State or country)   | in Jancia                                   | J. ()   | P-1               |
|  | The state of                                | sremature bur   | m                 |
| E  | reagin ary                                  |   |                   |
| 14. BIRTHPLACE (city or town)  | m ginneyes.                                 | Name of operation Dete of   |                   |
| E 15. MAIDEN NAME TO A OF  | ing / Daniel                                | What test confirmed diagnosis? Was there ar   |                   |
| H /  | al decore l'éc                              | 23. If death was due to external causes (VIOL ENCE) fill in elso the followi  |                   |
| 16. BIRTHPLACE (city or town)  | ma.   | Accident, suicide, or homicide? Date of injury  Where did injury occur?   |                   |
| Le sa  | A Daniel                                    | (Specify city or town, county and Si<br>Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F                  | tate)             |
| 17. INFORMANT (Address)  | I mail                                      | 7.  | LAUL.             |
| 18. BURIAL, CREMATION, OR REMOVAL  | 1/1 27 27                                   | Manner of Injury  |                   |
| Place towns farm   | Dete Nec 2/193/                             | Neture of injury  |                   |
| 19. UNDERTAKER   | 4 Lood                                      | 24. Was disease or injury In any wey related to occupation of deceased?   |                   |
| (Addgess) Churc  | h Hill                                      | If so, specify  | 9                 |
| 20. FILED CC. 2/1937-Eli   | zaterhllicke                                | (Signed) Clazabeth force  | eream             |
| 1  | Local Registrar.                            | (Address) Jocque Reges  | mar               |
| If move t  | blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requiring 0 5.00.  | 1110              |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  The principal cause of death and related causes of importance were as follows: |                   |              | Example II  The principal cause of death and related causes Date of onso of importance were as follows: |            |
|---|-------------------|--------------|---|------------|
|   |                   |              |   |            |
| Chronic interstitial nephritis  | VANA 2            | 1921         | Run over by street car  | 1 week ago |
| Cerebral hemorrhage   | SI FULLY.         | July 5, 1927 | Peritonitis   | 3 days ago |
| <u> </u>  | America Salarania |              |   |            |
| Other contributory causes of  | of importance:    |              | Other contributory causes of importance:  |            |
| Gallstones  |                   | May 1,1923   | Gastroenteritis   | 1 year     |
|   |                   |              |   |            |
|   |                   | 1            |   |            |

| Gallstones |                  | May 1,1923   | Gastroenteritis            | 1 year |
|------------|------------------|--------------|----------------------------|--------|
|            | ADDITIONAL SPACE | CE FOR FURTH | ER STATEMENTS BY PHYSICIAN |        |
|            |                  |              |                            |        |
|            |                  |              |                            |        |

PHYSICIANS should state Every item of infor-Exact statement of OCCUPA. ENFADING INK-THIS IS A PERMANENT RI AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WITH WRITE PLAIN

V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 13218  |
|---|---|
| 1. PLACE OF DEATH   | (23)  |
| County Luceu Curre Co   | Registration Dist. No. 254  |
| Village or City Lucustown   | NoSt., Ward   |
| (If Length of residence in city or town where death occurred 29 vrs mos   | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 5   |   |
|   | 0. 5. veterall, specify wan   |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)  Male  4. COLOR OR RACE OR DIVORCED (write tha word)   | 21. DATE OF DEATH (Month) (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of   |   |
| (or) WHEE of Bessie & taulkner.   | 22. I HEREBY CERTIFY, that I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and yeer) Sept 20 1878  | Hast saw have alive on Alle 1937; death is said   |
| 7. AGE Years Months Days If LESS than   | to have occurred on the date stated ebove, at 11.30 fm.   |
| 59 3 / 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware es follows:  |
| 9 Frade profession or necticular  | Water estrollows:   |
| kind of work done, as SPINNER, farmer   | Lubureulyan   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  SAW MILL, BANK, etc | Franciscal V  |
| SAW MILL BANK etc   | Pulmman   |
| - I spent in this 22  |   |
| yaar) octupation 77   | Other Contributory Causes of Importance:  |
| t2. BIRTHPLACE (city or town)   |   |
| 1   |   |
| 14. BIRTHPLACE (city or town) Don't Know  |   |
| (State or country)  | Name of operation   |
|   | What test confirmed diagnosis? Wes there an eutopsy?_/_[  |
| I   | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| [Stata or country]  | Accident, suicide, or homicide?   |
| ( ) 1 71 / 71 /   | Where did injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT due faulten Mocks (Address) Salechers, Mck  | Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL CREMATION. OR REMOVAL  | Managed to turn   |
| Place Centreville Date Dec 24 1937  | Menner of injury  |
| 19. UNDERTAKER Bucton Buch (Addrass) Cultreally Mid   | Neture of injury  24. Was disease or injury in any way felated to occupation of dacaased?  If so, specify   |
| 20. FILED DEC. 22, 1937- Helen M. aldidge   | (Signed) Lanuary / full M. D.   |
| If more blanks are medded address Seets Delin   | (Addrass) OALLUMANNU:   |
| My more viantes are necuea, agaress State Registrar,  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  | ii.           | Example II   |            |
|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: |            |
|  | 1915          | Attack of epilepsy   | 1 week ago |
| Chronic interstitial nephritis, A 1939   | 1921          | Run over by street car   | 1 week ago |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago |
| BUREAU V. S.   |               |  |            |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |            |
| Gallstones May 1,1923  |               | Gastroenteritis  | 1 week ago |
|  |               |  |            |
|  |               |  |            |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
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|  |
|  |
|  |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH   |
|--|--|
| 1. PLACE OF DEATH  | 13219  |
| County Lucye Clause  | Registration Dist. No. 252   |
| Village or City le entrevière  | No. St. Ward   |
| Length of residence in city or town where death occurred 84 yrs  | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How fong in U.S. if of foreign birth?mosds. |
| 2. FULL NAME Elloolman Hosper Ge   |  |
|  | If U. S. Veteran, specify WAR  |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town aud State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3.SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced                         | 21. DATE OF DEATH /2 - 2 2 , 193 (Month) (Day) , 193 (Year)  |
| HUSBAND of Sucy Crabbe   | 22. HEREBY CERTIFY, That I attended deceased from  |
| 6. DATE OF BIRTH (month, day, and year) aug 11-1853  | I last saw when alive on 12-22, 1927; death is said  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, etm.  |
| 84 4 V/1 1day,hrs.   | The PRINCIPAL CAUSE OF DEATH end related causes of Importance pere as follows:   |
| 8. Trede, profession, or particular kind of work done, as SPINNER, Speec. Representative SAWYER, BOOKKEEPER, etc | Theme Valuators  |
| SAW MILL, BANK, etc.   | die of the hos   |
| TO. Date deceased last worked at this occupation (month and year)  | Other Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) Centres (State or country)   | Other Controllery Causes of Importance:  |
| 13. NAME Illoalman J. Gilond  14. BIRTHPLACE (city or town) Pur Carlon  (Stellage Augustin)                      | fleture. Velune  |
| 14. BIRTHPLACE (city or town) New Control  | Name of operation Date of  |
| (State of country)   | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Cluse Maria Napper   | 23. If death was due to external causes (VIOL ENCE) fill In also the following:  |
| 16. BIRTHPLACE (city or town) Rev Centreville (Stete or country)   | Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?   |
| 17. INFORMANT MW LLL. IV. Bedon<br>(Address) & Real The well. In d   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.                       |
| 18. BURIAL, CREMATION, OR REMOVAL PIece Deuthersele Date Deel 27, 1937.  | Manner of injury   |
| 19. UNDERTAKER Berton Bran (Address)   | 24. Wes disease or Injury In any way related to occupation of deceased?  |
| 20. FILEO Dec. 24, 1937 Illamin & Bright Fred Registrar.   | (Signed) M. D.  (Address)  |
|  |  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  | July 5,1927   | Peritonitis  | 3 days ago    |
| BUMEAU V.  | À             |  |               |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   | 10110101      |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FARGIN RESERVED FOR BINDING UNFADING INK-THIS IS A PERMANENT RE

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH Jo plnods County Registration Dist. No. Village or City & houselevel (If death occurred in a horpital or institution, give its NAME instead of street and number) Every Length of residence in city or town where death occurred statement How long In U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR. DIVORCED (write the word) (Month) 5a. If marriad, widowed, or divorcad HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of any 6. DATE OF BIRTH (month, day, and year) properly 7. AGE ( Q Months Davs if LESS than to have occurred on the data stated above, at 1 day, \_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ..... min. Date of onset 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. CUPATION may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date dacaasad last worked at 11. Total time (years) this occupation (month and year) spant in this instructions occupation. Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 14. BIRTHPLACE (city or town) plain (State or country) carefully What tast confirmed diagnosis? ..... Was there an autopsy?. MOTHER important. 15. MAIDEN NAME 23. If daath was due to external causas (VIDL ENCE) fill In also the following: DEATH 16, BIRTHPLACE (city or town). Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) plnous 17. INFORMANT Specify whather injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. may OF (Address) 18. BURIAL, CREMATION, DR RENTOVAL Manner of Injury mation NOIL Nature of injury 24. Was diseasa or Injury In any way related to occupation of dacaased 19. UNDERTAKER (Addrass) if so, specify (Signed) (Addrass) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cercbral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| SUMPAU V. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastrocnteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

should state

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH  |
|--|---|
| 1. PLACE OF DEATH  | 82-0  |
| County Queen anne  | Registration Dist. No. 250  |
| Village or City Susley seece   |   |
|  | Marce NoSt.,Warce f death, occurred in a hospital or institution, give its NAME instead of street and number) |
|  | ds. How long in U.S. If of foreign birth?yrsmosd  |
| 2. FULL NAME Rebiece Challie He  | accidental of U. S. Veteran, specify WAR  |
| (a) Residence: No. Sparks - Balto Co. n  |   |
| (Usual place of abode)   | If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  | 21. DATE OF DEATH (Month) (Day) (Veat)  |
| a. If married, widowed, or divorced  | (month) (bay) (1gal)  |
| HUSBAND of (or) WIFE of  | 22. I HEREBY CERTIFY That I attended daceased fro   |
|  | Street 6 , 190 ( 10 Red 6 6 , 19 D  |
| DATE OF BIRTH (month, day, and year) Nov 9-1854  | I last saw h_tqalive onleletf, 19_0, death is sa  |
| AGE Years Months Days If LESS than   | to have occurred on the data stated above, at 1.143. In.  |
| 83 / 7 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:                                |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Hannakeeper SAWYER, BOOKKEEPER, etc.  | Certail Hunorless   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at 11. Total time (years) seart in this |   |
| 10. Data deceased last worked at this occupation (month and year) occupation occupation  |   |
| Deamakei   | Other Contributory Causes of Importance:  |
| 2. BIRTHPLACE (city or town) Cycles (State or country)   | Eulla aruf Clusses  |
| 1 20 7/ (20  |   |
| 1. 7 12.   |   |
| (State or country)   | Name of operation   |
|  | What test confirmed diagnosis? Was there en autopsy?  |
| 15. MAIDEN NAME / Celice Challee   | 23. If death was due to external causes (VIOLENCE) fill In also the following:                                |
| 15. MAIDEN NAME Relies Chaeles  16. BIRTHPLACE (city or town) Descephere  (State or country)   | Accident, suicide, or homicide?, 19, 19   |
| E (Stata or country) Eugland   | Where did injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT Mrs Quelley To Rac<br>(Address) Suelley To Rac   | Spacify whather injury occurred In INDÚSTRY, in HOME, or in PUBLIC PLACE.                                     |
| 18. BURIAL, CREMATION, OB REMOVAL  | Manner of Injury  |
| Place Sulleuree Date Dec 19, 1931  | - Nature of injury  |
| 19. UNDERTAKER Barton Bre  | 24. Was disease or injury in eny way related to occupation of deceased?                                       |
| 20. FILED 1 8 , 193 / GIN SMEARTH  | (Signed) A Miteally M   |
| the state of   | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gallstones Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

|   | CERTIFICATE OF DEATH 13222   |
|---|--|
| 1. PLACE OF DEATH County Well Quies.  | Registration Dist. No. 254   |
| Village or City Dosovelle   | NoSt.,Ward   |
| Length of residence in city or town where death occurred 5-7-yrs 9                | f death occurred in a hospital or institution, give its NAME instead of street and number)  2 ds. How long in U.S. if of foreign birth?mosds.  |
| 2. FULL NAME Manha Dophia Jol   | LUCO VILL S. Veteran, specify WAR  |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year)   |
| SAI married, widowed or divorced HUSBAND of (or) WIFE of  Walton  Aluson          | 22. HEREBY CERTIFY That lattended deceased from  |
| 6. DATE OF BIRTH (month, day, and year)   | I last saw h. 7. elive on  |
| 7. AGE Years Months Days If LESS than 1 day,hrs.                                  | to have occurred on the date stated above, at  |
| 8. Trede, profession, or particular   | were as follows: Date of onset   |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.                           | Mourestus, wastilerenland,   |
| 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc | following our attack of stitic media.  |
| 10. Date deceased lest worked at this occupation (month and ) spent in this       | Durotion eight days  |
| 1, 0  | Other Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) (State of country)                                  | Onteres coloroses  |
| E 13. NAME Scall. JOSL  |  |
| 14. BIRTHPLACE (city or town) (State or country)                                  | Name of operation Date of Date |
| Is MAIDEN NAME Charle Me Charles  | What test confirmed diagnosis?   |
| 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide?  |
| State or country)   | Where did injury occur? (Specify city or town, county and State)   |
| 17. INFORMANT Malhau Johnson (Address) Johnson William                            | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| 18. BURIAL, CREMATION) OR REMOVAL  Place Prosonville Date Duc. 15, 1937           | Manner of injury   |
| 19. UNDERTAKER Unie W. Eddins (Address) Entreville - Ma.                          | 24. Wes disease or injury In eny way related to occupation of deceased?  |
| 20. FILED Dec. 14, 19 37 - Filen M. aldus<br>Foral Registrar.                     | (Signed) (Address) M. I  |
| If more blanks are needed, address State Registrar                                | , 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| V S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       | III=          |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI |
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TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

132:3

| 1. PLACE OF DEATH  |  | (108)  |                 |
|--|--|--|-----------------|
| County July Winn   |  | Registration Dist. No. 2   | 52              |
| Village or City (entrevel  | le   | No.  | Ward            |
| Length of residence in city where death occurred   |  | death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? | number)         |
| Length of residence in city where death occurred   | yrsmos   |  |                 |
| 2. FULL NAME & homels T  | 1. House   | If U. S. Veteran, specify WAR  |                 |
| (a) Residence: No.   | ace of abode)  | St., Ward.  If nonresident give city or town an  | d State         |
| PERSONAL AND STATISTICAL PAR   | The state of the s | MEDICAL CERTIFICATE OF DEATH   | o btate         |
|  | ARRIED, WIDOWED,   | 21. DATE OF DEATH  |                 |
| Male Color of OR DIVOR   | CED (write tha word)   | Wee 26-  | ., 193          |
| 5a. If married, widowed, or divorced   | www  | (Month) (Day)  | (Tear)          |
| HUSBAND of Minnes ( Sout   | Kerow.)  | 22.   HEREBY CERTIFY, That   ettander  | - 7             |
| 1 miles  | seamed).   | 19-2-, 10  | 7 19.5/         |
| DATE OF BIRTH (month, day, and year) Jeh. 2  | 1866   |  | ; daath is seld |
| . AGE Years Months Days  | If LESS than I day,hrs.  | to have occurred on the date statad above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importence              |                 |
| 71 10 24   | ormin.   | were as follows:   | Date of onset   |
| 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | la Lace  | Lobor Prisumona  | 12/             |
| SAWYER, BOOKKEEPER, etc  |  |  | 121:3           |
| work wes dona, as SILK MILL,<br>SAW MILL, BANK, etc.                                       |  |  |                 |
| D. Date dacaasad last worked et 11. Tota   | al tima (years)  |  |                 |
|  | occupation Cope  | Dther Contributory Causes of importance;   | ***********     |
| 2. BIRTHPLACE (city or town) Surem an  | ne Co  | Differ Community Causes of Importance.   |                 |
| (State or country)   |  |  |                 |
| 13. NAME Thomas John 14. BIRTHPLACE (city or town) Lucker a                                | abre   |  |                 |
| 14. BIRTHPLACE (city or town) Lucke a  | ine Co   | Name of operation Dete of.   |                 |
| (Stata of country)   | 2  | What tast confirmed diagnosis? Was there ar  | autopsy?        |
| 15. MAIDEN NAME Color Mute  16. BIRTHPLACE (city or town) Lullum Color (State or country)  | hell   | 23. If death was due to external causes (VIOL ENCE) filt in also the followi   | ng:             |
| 16, BIRTHPLACE (city or town) Luclus Co  | une Co   | Accident, suicide, or homicide? Date of injury   |                 |
| (State or country)   |  | Where did Injury occur? (Specify city or town, county and S  |                 |
| 17. INFORMANT agmbert Rober  | la<br>ud R.F. of   | a specify minimizer injury occurred in the botter, in nome, or in a obelo i  | Little.         |
| 18. BURIAL, CREMATION, OR REMOVAL  | The state of the s | Manner of injury   |                 |
| Placa Scownerelle Date Al  | ce. 28-1927  | Nature of injury   |                 |
| 19 HNDERTAKER Mrs. Annie W.  | Eldina   | 24. Was disaasa or injury in any way related to occupation of deceased?  |                 |
| 19. UNDERTAKER My Municipal (M: (Address) Centreville                                      | ma   | If so, specify   |                 |
| 20, FILED Dec. 27, 1937 Mamis \$   | Bright   | (Signed) W. Herany Fisher  |                 |
| 20. FILED 1080 21 , 193 1 11 ames D  | Con Registrar.   | (Addrass) Cantraville  | end             |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage 11 JAN 2   | July 5,1927   | Peritonitis  | 3 days ago                |
| BUILD  |               |  |                           |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   | 1 1 1 E                   |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |

properly classified.

SACSE OF DEATH in plain terms, so that it may be n should be carefully supplied. V. S. No. 1

| County Heere Cluve  | Registration Dist. No. 252   |
|---|--|
| Village or City Centreverse   | Np. St. Ward   |
| 2   | (If death occurred in a horpital or institution, give its NAME instead of street and number) |
| 4 2   | nosds. How long in U.S. if of foreign blrth?yrsmosds.  |
| AT TOME INTIME  | Tehese_If U. S. Veteran, specify WAR   |
| (a) Residence: Np. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State                                       |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word)   | 21. DATE OF DEATH Sec. 29-, 1937 (Month) (Day) (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ausee P Mitcheele  | 22. I HEREBY CERTIFY, That I attended deceased from  1937 to Sec. 29 1937                    |
| 6. DATE OF BIRTH (month, day, and year) March 3 1862  |  |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hr  ormin.  | to have occurred on the date stated above, at 524.m.   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Box Rester   | mys corditio Chrone (Suddenly)   |
| Industry or business in which work was done as SILK MILL  |  |
| SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this   |  |
|   | Other Contributory Causes of Importance:   |
| 12. BIRTHPLACE (city or town)  (State or country)  13. NAME    13. NAME   Name |  |
| E 13. NAME Sure Metchell  |  |
| 14. BIRTHPLACE (city or town)   | Name of operation Date of  |
| (State or country)  | What test confirmed diagnosis? Was there an autopsy? >>=                                     |
| 15. MAIDEN NAME Kackerine Strattre  | 23. If death was due to external causes (VIOLENCE) fill in also the following:               |
| 15. MAIDEN NAME Kackervie Strattner  16. BIRTHPLACE (city or town)  (State or country)  | Accident, suicide, or homicide?  |
| State or country)   | Where did injury occur? (Specify city or town, county and State)                             |
| 17. INFORMANT MV Jeurse Mitchell (Address) 805 Park Place, Roding Pa  | Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.                    |
| 1 Plan Jaurel Del note Del 3/ 103   | 7 Manner of Injury   |
| 19. UNDERTAKER Barton Bras  | 24. Was disease or injury In any way related to occupation of deceased?                      |
| (Address) Court review mi   | If so, specify   |
| 20. FILED Dec. 30, 1937 Tamis & Brigh   | (Signed). (Varification M. D. (Address). (Varification M. D. M. D. (Address).                |
| If more blanks are needed, address State Registr  | ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                               |

13224

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  | il            | Example II   |            |
|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: |            |
|  | 1915          | Attack of epilepsy   | 1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by strect car   | 1 week ago |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago |
| BUMEAU V. S.   |               |  |            |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |            |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year     |
|  |               |  |            |
|  |               |  |            |

| DDITIONAL SPACE FOR | FURTHER STATEM | ENTS BY PHYSICIAN |  |
|---------------------|----------------|-------------------|--|
|                     |                |                   |  |
|                     |                |                   |  |
|                     |                |                   |  |

Every item of infor-

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

WRITE PLAIND

B ż

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 13225  |
|--|---|
| 1. PLACE OF DEATH  | 210:0   |
| County drew Conce  | Registration Dist. No. 25   |
| Village or City Mr Sudlessville  | NoSt.,Ward  |
|  | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?yrsmosds. |
| 2. FULL NAME William Hope Mars   | If U. S. Veteran, specify WAR.  |
| (a) Residence: No. Custrevelle, Med (Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)  | 21. DATE OF DEATH  Dice 29  (Month) (Day) (Year)  |
| 5a. If marriad, widowad, or divorced<br>HUSBAND of   |   |
| (or) WIFE of   | 22. I HEREBY CERTIFY, That I attended deceased from   |
| 6. DATE OF BIRTH (month, day, and year) Sept. 30 - 1914  |   |
| 7. AGE Years Months Days I I LESS than   | to have occurred on the date stated above, atm.   |
| 23 2 29 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance   |
| Trade profession or particular   | General decel feng Date of one of   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end | Crushed felious & Trong   |
| 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  | short - real of truels  |
| SAW MILL, BANK, etc  | 7   |
| this occupation month and you occupation occupation  |   |
| C. A. la   | Other Cantributory Causes of Importance:  |
| 12. BIRTHPLACE (city or town) (State or country) (State or country) (State or country)   |   |
|  |   |
| Ξ /  | Name of operation Date of   |
| 14. BIRTHPLACE (city or town)   State or country)   State or country)  | What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME Margaret Mr. Janekner  | 23. If death was due to external causes (VIOLENCE) fill In also the following:  |
| 15. MAIDEN NAME Margaret M. Janekner  16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide? Reader Date of Injury Dell 29, 19-27  |
| E (State or country) Tollet & Med  | Where did Injury occur? Us Lud levell, Just   |
| 17. INFORMANT M. Paul Marris (Address) Cerusaeville, Ned.  | Specify whether injury occurred in UDUSTRY in HOME, or in PUBLIC PLACE.   |
| 18. BURIAL, CREMATION, OR REMOVAL Place Deute, Md Date Jan 1, 1938   | Manner of injury Tolker Felican Short & Breen   |
| 19. UNDERTAKER Sauton By (Address) Custon St.  | 24. Was disease or injury in any way related to occupation of deceased?   |
| 20. FILED 12 3 0 , 1997 Gall Miles Registrar   | (Signed) CH Ultobeffe M. D.  (Address) Sulf Us Sill Used  |
|  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.  |

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| Example I                              |  |               | Example II   |               |  |
|--|--|---------------|--|---------------|--|
| The principal cause of importance were | of death and related causes as follows:  | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis                       | IAN 9 7000   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial neg               | phritis  | 1921          | Run over by street ear   | 1 week ago    |  |
| Cerebral hemorrhage                    | 14, 11 1 V. S.   | July 5,1927   | Peritonitis  | 3 days ago    |  |
|  | e many e against arrange to the second secon |               |  |               |  |
| Other contributory                     | causes of importance:  |               | Other contributory causes of importance:                                       |               |  |
| Gallstones                             |  | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |  |               |  |               |  |
|  |  |               |  |               |  |

V. S. No. 1

| County  Village or City  No.  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Langth of residence is cityty or town where death occurred in a horpital or institution, give its NAME instead of street and number)  Langth of residence is cityty or town where death occurred in a horpital or institution, give its NAME instead of street and number)  Langth of residence is cityty or town where death occurred in a horpital or institution, give its NAME instead of street and number)  Langth of residence is cityty or town where death occurred in a horpital or institution, give its NAME instead of street and number)  Langth of residence is cityty or town where death occurred in the city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S, SINCLE MARRIED, WIDOWED, OR PROCE  OR DIVORCED (which the word)  So, It married, wisdowed or divorced thus and the stated above, at the country of the city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S, SINCLE MARRIED, WIDOWED, OR DIVORCED (which the word)  So, It married, wisdowed or divorced thus and the stated above, at the country of the countr |  | -CERTIFICATE OF DEATH  |
|--|--|--|
| Village or City  Langth of residench cityge town where death occupied by the country of the coun | 1. PLACE OF DEATH  | 97   |
| Village or City  Langth of residench cityge town where death occupied by the country of the coun | County County  | Registration Dist. No. 2 22  |
| (a) Residence: (b) Cual place of shode)  (b) Residence: (c) PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWDD, OR PROVED ("Only In International Content of the Color of the  |  | NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number) |
| (a) Residence: 10.  (Clinal place of abode)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, (Which they work)  So. If married, widowed or divorced, (Cor) Wife or (Cor | VA A IVI   |  |
| PERSONAL AND STATISTICAL PARTICULARS  9. SEX  4. COLOR OR RACE  S. SINCLE, MARRED, WIDOWED  OR DATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  (Months)  (Day)  (Months)  (Months)  (Day)  (Months)  (Mont |  |  |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGER, MARRIED, WIDOWED, Owing the Word of General Particular Officer of General P |  |  |
| Sa. II married, victowed or divorced of HUSBAID (Month) (Day) (Day)  Sa. II married, victowed or divorced of HUSBAID (Month) (Day) (Day)  Sa. II married, victowed or divorced of HUSBAID (Month) (Day) (Month) (Day)  Sa. II married, victowed or divorced of HUSBAID (Month) (Day) (Month) (Day)  Sa. II married, victowed or divorced of HUSBAID (Month) (Day) (Month) (Day) (Day)  Sa. II married, victowed or divorced of HUSBAID (Month) (Day) (Month) (Day) (Day)  Sa. II married, victowed or divorced of HUSBAID (Month) (Day) (D | PERSONAL AND STATISTICAL PARTICULARS                               | MEDICAL CERTIFICATE OF DEATH   |
| 5. If married, widowed, or diverced HUSSAID (or) VIFE of  | OR ADIVORCED (qurite the word)                                     | 12 - 193   |
| S. DATE OF BIRTH (month, dey, and year)  7. AGE  Yaprs  Months  AGE  AGE  AGE  Yaprs  Months  AGE  AGE  AGE  AGE  Yaprs  Months  AGE  AGE  AGE  AGE  AGE  AGE  AGE  AG   | HUSBAND of   | 19 //-   |
| S. Trede, profession, or particular kind oil work done, as SPINNER, SAWER, BOUNCEPER, etc.   S   |  | , 137. 7. , 10   |
| 8. Trede, profession, or particular were as follows:    Date of once   Control   Contr |  |  |
| Salver   S   | ormin.   | I I I I I I I I I I I I I I I I I I I  |
| Industry or business in which work was done, as SILK MILL,   SAW MILL, BANK, etc.   Saw MILL, etc   | 8. Trede, profession, or particular kind of work done, as SPINNER, | 1/10.16  |
| 12. BIRTHPLACE (city or four) (State or county)  13. NAME  14. BIRTHPLACE (city or four) (State or county)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Sata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Dete   | SAWYER, BOOKKEEPER, etc.   | Charles Parage   |
| 15. Data deceased last workad at 1   | work was done, as SILK MILL, Samuel                                | it the book  |
| Other Contributary Causes of importance:  Other Contributary Causes of i | O To. Data deceased last worked at / 2/c/ 11. Total time (years)   |  |
| 12. BIRTHPLACE (city or foun) (State or county)  13. NAME  14. BIRTHPLACE (city or town) (State or county)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Sata or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  Dete Dete 1, 1937  Menner of Injury Neture of in | year) occupation   | Other Contributory Canage of Importance  |
| 13. NAME  14. BIRTHPLACE (city or town) (State or county)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Spata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  10. Specify  10. Specify  11. INFORMANT (Address)  12. Was disease or miury in any way related to occupation of deceased? (Signed)  18. Specify  19. UNDERTAKER (Signed)  Memory of miury in any way related to occupation of deceased? (Signed)  M. M.   | 12. BIRTHPLACE (city or foun)                                      | A . A  |
| 14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Dete Place  Dete Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  10. State or country  Name of operation What test confirmed diagnosis? Was there an autopsy?  20. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of injury Need did injury occur?  (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury Neture of injury  11 so, specify  (Signed)  M.  M.  Mame of operation Date of Injury Need did injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  11 so, specify (Signed)  M.  |  | Milio Heliona  |
| 14. BIRTHPLACE (city or town)   Name of operation   Date of  | 13. NAME   |  |
| What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Sata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Maident, suicide, or homicide?  Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury Neture of injury  24. Was disease or injury in any way related to occupation of deceased?  It so, specify (Signed)  M.  Menner of Injury (Signed)  Menner of Injury  (Signed)  M.   | 14. BIRTHPLACE (city or town)                                      | Name ol operation Date ol  |
| 16. BIRTHPLACE (city or town) (Seta or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED ACC.  18. BIRTHPLACE (city or town) (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address)  Menner of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)   | (State of country)   | What test confirmed diagnosis? Was there an autopsy?   |
| 16. BIRTHPLACE (city or town) (Seta or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED ACC.  18. BIRTHPLACE (city or town) (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Specify city or town, county and State) Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address)  Menner of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed)   | 15. MAIDEN NAME Way on burn  | 23. If death was due to external causes (VIOLENCE) fill in also the following:                         |
| Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Dete  Dete  Dete  Place  24. Was disease or injury in any way related to occupation of deceased?  (Address)  25. Bright  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury  Neture of injury  19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M.  M.  | 0 16. BIRTHPLACE (city or town)                                    | Accident, suicide, or homicide? Date of injury, 19   |
| 17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Dete Dec     19 <sup>3</sup> 7   Neture of injury  19. UNDERTAKER (Address)  20. FILED Acc. 8 , 19 3 7   Tharmis S. Bright (Signed)  Specify whether injury occurred in INDUSTRY, in HUME, or in PUBLIC PLACE.  Menner of Injury  24. Was disease or injury in any way related to occupation of deceased?  It so, specify (Signed)   | (Stata or country)   | Where did injury occur? (Specify city or town county and State)  |
| Place Laston Md Dete Det 11, 1937.  19. UNDERTAKER Dance G Spence (Address) Easton Md 11 so, specify (Signed) (Signed) M.  20. FILED DEC. 8, 1937 Thannis S. Bright (Signed) M.  | (Address)  | Specily whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.                              |
| 19. UNDERTAKER  (Address)  Caston  (Address)  24. Was disease or rejury In any way related to occupation of deceased?  11 so, specify  (Signed)  (Signed)  M.  | 30 to my No-111 37   |  |
| 20. FILED DEC. 8, 1937 Marinis S. Bright (Signed) V. D. M.   |  | 24. Was diseese or rejury in any way related to occupation of deceased?                                |
|  |  | (Signed) M. D. M. D. M. D.   |

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| Example I  | it            | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |  |
| The state of the s |               |  |               |  |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |

V. S. No.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH   |  | 82.0   |                           | 0 5  |
|---|--|--|---------------------------|--|
| County well (   | Mul  |  | Registration Dist.        | . No. 2 2  |
| Village or City Stewe   | nsville  | No   |                           | St.,Ward   |
| Length of residence in city or town wher  | 1111 / 17 1 1  | death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution of the death occurred in a hospital or institution occurred in a hospital occurred in a ho |                           |  |
| 21  | de deals occurred 22 years   | s. Leading in O.O. ii  | 71 10101gii 241141222222  | 1130   |
| 2. FULL NAME JAMES  | A HOTELLAND  |  |                           |  |
| (a) Residence: No.  | (Usual place of abode)   | St.,Ward.  | If population give        | city or town and State   |
| PERSONAL AND STATIS   |  | MEDICAL  | ERTIFICATE OF             |  |
| 3. SEX 4. COLOR OR RACE   | 5. SINGLE, MARRIED, WIDOWED.   | 21. DATE OF DEATH  | 00.                       | hug  |
| Mala Palond   | OR DIVORCED (write the word)   | $\omega$   | ec.                       | 14 193 (.  |
| ia. If merried, widowed, or divorced  | - Millower   |  | (Month)                   | (Day) (Year)   |
| HUSBAND of<br>(or) WIFE of  | 1. 1. 18. 1.   | 22. OLHEREB  | Y CERTIFY                 | That I ettended deceased from  |
| nuce  | mullia Horaus  | on one.8   | ,19.37, to                | ec. 8, 1937  |
| 5. DATE OF BIRTH (month, day, end year)   | wknown!  | ! last saw har alive on  | Dec. S                    | 2, 19.3.7, death is said   |
| AGE Years Months  | Days If LESS than  | to have occurred on the date stat  | /                         |  |
| Wout 78 1   | I day,hrs.   | The PRINCIPAL CAUSE OF DEA were as follows:  | TH and related causes of  | importance Date of onset   |
| 8. Trade, profession, or particular   | na.  |  | A                         | 1.24   |
| kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc                       | Turner   | Mercasc  | Reross                    | 1909   |
| Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. |  |  | A                         | Alas   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc                          | 11. Total time (years)   | Morniesia  | · less no                 | 12 and 12 58   |
| this occupation (month and year)  | spent in this  | herin ples   | in new                    | 1 mile 1937  |
| 1/2   | 22-2-10-   | Other Contributory Causes of imp   | ortance:                  |  |
| 12. BIRTHPLACE (city or town) (State or country)                                | 1 surge cele   | - Longo  | anter                     | 1935   |
|   | The state of the s | 1404360  | 700140                    | 0,00   |
| 13. NAME / CLYSY  | omson  |  |                           | quey   |
| 13. NAME ( Cred ( ) 4. BIRTHPLACE (city or town) Let                            | 11 Saland  | Name of operation  |                           |  |
| (State of country)  | Collins  | What test confirmed diagnosis?   |                           | Was there an autopsy?  |
| 15. MAIDEN NAME   | U. Brown   | 23. If death was due to external ce  |                           |  |
| 15. MAIDEN NAME Musice  16. BIRTHPLACE (city or town) Kle  (State or country)   | y Bland  | Accident, suicide, or homicide?  | Date                      | of injury, 19  |
| (State or country)  | aa,  | Where did Injury occur?  | (Specify city or town     | n, county and State)   |
| 17. INFORMANT Map DE  | ruw,   | Specify whether injury occurred  | in INDUSTRY, In HOME,     | or in PUBLIC PLACE.  |
| (Address) Selver  | isville.   |  |                           |  |
| 18. BURIAL, CREMATION, OR BEMOVAL   | egh Ara 16th 3   | Manner of injury   | ****                      |  |
| Plage Suco Villagio   |  | Neture of injury   |                           |  |
| 19. UNDERTAKER TO   | wallan, o.   | 24. Was disease or injury in any   | way related to occupation | of deceased?   |
| (Address)   | Ensigle h  | If so, specify   | or And                    | lucoue ( M.  |
| 20. FILED DEC 14. 1937 2  | .C. Thomas   | (Signed)   | to                        | 20 PA  |
|   | Lot A Registrar.   | (Address)  | evens!                    | The same of the sa |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | 1             | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| The state of the s |               |  |               |  |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  | 1             |  |               |  |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

Every item of infor-

| 1. PLACE OF DEATH   |                                  |              |                 | [13]                         |   | 65                                   |
|---|----------------------------------|--------------|-----------------|------------------------------|---|--------------------------------------|
| County dreem  | ann                              |              |                 |                              | Registration Dist.  | No. 45                               |
| Village or City   | emolo                            | w            |                 | NoNo                         |   | St.,                                 |
| Lanoth of rasidence in city or  | town where deatl                 | accurred 2   | 9 vrs mo        | death occurred in a horpital | or institution, give its NAME instea<br>U.S. if of foreign birth? | d of street and number               |
| 2. FULL NAME  | 2-14 /                           | 0 0 .        | alea            |                              | SCHOOL SECTION AND ADDRESS.                                       |                                      |
|   | 2                                | 7            |                 |                              | eteran, specify WAR   |                                      |
| (a) Residence: No.  |                                  | (Usual piace | of abode)       | St.,Ward.                    | If nonresident give ci  | y or town and State                  |
| PERSONAL AND  | TATISTICA                        | L PARTI      | CULARS          | MEDIC                        | AL CERTIFICATE OF   | DEATH                                |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Nale  What OR DIVORCED (write the word) |                                  |              | 21. DATE OF DEA | Nec- 2                       | 2 , 193   |                                      |
| 5a. If married, widowed, or divorcad  |                                  |              |                 |                              | (month)   | Oay) (Y                              |
| HUSBANO of Mellie   | WIFE of W A LICE I CERTIFI, INC. |              |                 |                              |   |                                      |
|   | 0                                |              |                 | Sec. 20-                     | 1937 to Dec   | , 19.≯7 ; deat                       |
| 6. DATE OF BIRTH (month, day, and   | yaar) /                          | Oavs .       | If LESS than    |                              | ate statad above, et 22   |                                      |
| 97  | 5                                | 7            | 1 dey,hrs.      |                              | OF DEATH and ralated causes of it                                 |                                      |
| _   8. Trade, profassion, or particu  |                                  | -            | ormin,          | were es follows:             |   | Cate                                 |
| kind of work done, as S<br>SAWYER, BOOKKEEPER,  | PINNER.                          | riller       | /_              | Chromes                      | Intentities )   | rafluite                             |
| Industry or business in whi work was done, as SILK  | rh 7                             | un Me        | `~              |                              |   |                                      |
| SAW MILL, BANK, etc   |                                  |              |                 | -                            |   |                                      |
| O this occupetion (month a  |                                  | 11. Total t  | ima (yaars) 40  |                              |   |                                      |
| year)   | 8)                               | 0001         | upation         | Other Contributory Cause     | of importance:  |                                      |
| 12. BIRTHPLACE (city or town) (Stete or country)  | Tucen                            | cerne        |                 | 0                            |   |                                      |
| œ   | 10                               | 1.           | 2-1             | U Z                          | sen a of long   | 0                                    |
| I //  | ues .                            | 11           | 0               |                              |   |                                      |
| 14. BIRTHPLACE (city or town).  |                                  | Ja a         | e de            |                              |   |                                      |
|   |                                  | Colo         | ***             |                              | nosis?  |                                      |
| I   | 2.                               | c = 6        | En Co           |                              | ernal causes (VIOLENCE) fill in all<br>cide? Date o               |                                      |
| 16. BIRTHPLACE (city or town).  |                                  | red.         |                 | Where dld injury occur?      |   | , mjury, 1                           |
| 17. INFORMANT The Men Men (Addrass)   | Rich Drew                        | Sfan         | les Me          |                              | (Specify city or town, curred in INDUSTRY, In HOME, o             | county and State) r in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMO  | VAL. 3n                          | 1 11         | 1.2 20          | Menner of injury             |   |                                      |
| Place Justine   | de                               | Date De      | 0 193/          | Nature of injury             |   |                                      |
| 19 UNDERTAKER But   | on B                             | w            |                 | 24. Wes diseese or injury i  | in any way related to occupation o                                | f degeesed?                          |
| (Address)   | Me                               | elle,        | mod.            | If so, specify               |   |                                      |
| · / /   | 1 01                             | 70 6         |                 | 1 / 41                       | 1 1 10 a. n - 1 es  | 100-1                                |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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|--|---------------|--|---------------|
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| Arteriosclerosis CEIVE   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage IAN 4 1955   | July 5, 1927  | Peritonitis  | 3 days ago    |
| BUREAU V. S.   | H.            |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--|
|  |
|  |
|  |

-WRITE PLAINL

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V. S. No. 1

n tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

fION is very important. See instructions on back of certificate.

## STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  | 9250  |
|--|---|
| County Lucen Conne.  | Registration Dist. No. 252  |
| Village or City cultiville. Hed,   | Np. St Ward   |
| (1   | death occurred in a norphan of institution, give its IVAIVIE, instead of street and number) |
| 06.1 211 4   | ds. How long In U. S. If of foreign birth?yrs,mos,ds,                                       |
| 2. FULL NAME Charles N. Leat   | If U. S. Veteran, specify WAR   |
| (a) Residence: Np. Custrevette Mil   | . St., Ward.  If nonresident give city or town and State                                    |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH   |
| Male Colored OR DIVORCED (write the word)  | Wee //- 193 7   |
| 5e, If merried, widowed, or diverted   | (Month) (Day) (Year)  |
| HUSBAND OF Comma Handy Leat  | 22. I HEREBY CERTIFY, That I attended deceesed from   |
| i f  | , 19, to, 19, 19  |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than                      | l last saw h; deeth is said   |
| 1 day bre  | to have occurred on the date stated above, at   |
| Whent 10 or min.   | Were es follows: This Ware was lead when & Dats of onest                                    |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Kaharee SAWYER, BOOKKEEPER, etc | arrived brom notory obtained  |
| 4 9. Industry or business in which   | et was metral Required than   |
| work was done, as SILK MILL, Jarra work SAW MILL, BANK, etc  | Chronie Mys condition   |
| - I shell till she she she till till she                       |   |
| year) occupation   | Other Contributory Causes of Importence:  |
| 12. BIRTHPLACE (city or town)  |   |
| (State or country) Mary Vaire  |   |
| 13. NAME Jour Jesson 14. BIRTHPLACE (city or town)   |   |
| 14. BIRTHPLACE (city or town)  | Name of operation Date of   |
| (State or country) Don't Person  | What test confirmed diagnosis? Was there an autopsy?  |
| 15. MAIDEN NAME Demanda  16. BIRTHPLACE (city or town)   | 23. If death was due to external causes (VIDLENCE) fill in also the following:              |
| O 16. BIRTHPLACE (city or town)  (State or country)  Out leveral                                   | Accident, sulcide, or homicide? Date of injury, 19  |
|  | Where did injury occur? (Specify city or town, county and State)                            |
| 17. INFORMANT Walter E. Leat (Address) Culturella Mill   | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                   |
| 18. BURIAL, CREMATION, OR REMOVAL  | Managr of Jaluny  |
| Place Kutholing Date Dec 13, 193/  | Menner of injury  |
| But Board  | 24. Wes disease or Injury in any way related to occupation of deceased?                     |
| 19. UNDERTAKER Suiter Street (Address) (suitagenells Med.  | If so specify   |
| De 13 37 M Q B ! 13  | (Signed) (1) Henry Frances  |
| 20. FILED Dec. 13., 1937 Ilamue Dought. Resignar.  | (Address) Vantaville md   |
|  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.                                  |

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| JAN 5 1990   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

V. S. No. 1

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Every item of infor-

| STATE OF MARYLAND   | -CERTIFICATE OF DEATH  | 3230        |
|---|--|-------------|
| 1. PLACE OF DEATH   |  | -11         |
| County Queen anne   | Decidential Dist 11 25   | 4           |
| 20 +  | Registration Dist. No.   |             |
| Village or City for Centrevelle   | NoSt.,  If death occurred in a horpital or institution, give its NAME instead of street and numb                   | Ward        |
| Langth of residence in city or town where death occurredyrs,6mo   | sdş. How long In U.S. if of foreign birth?yrsmos   | ds.         |
| 2. FULL NAME Pickard Hace Jak   | lf U. S. Veteran, specify WAR  |             |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and State   |             |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |             |
| 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  Wale  4. COLOR OR RACE OR DIVORCED ("write the word)   | 21. DATE OF DEATH Dec. 25 (Month) (Day)  | (Year)      |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  | 22. I HEREBY CERTIFY, That I attended decade  Dec 21- 1977, to Dec 25  | ased from   |
| 6. DATE OF BIRTH (month, day, and year) There 14 - 1935   | I last saw h in alive on Dec. 25. 1937; das  | ath is said |
| 7. AGE Yaars Months Days If LESS than   | to have occurred on the data stated above, at 22 m.  |             |
| 2 6 // I day,hrs.   | The Particular Cause of Death and fanatad causes of importance   |             |
| 9 Trade profession or particular  | Date as follows.   | ta of onsat |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  | Joboy Peraumon 12  | 1/2 1.45    |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc  10. Data decassad last worked at this occuration (month and separation this separation that separation the separation that separation |  |             |
| 10. Data decaasad last worked at this occupation (month and yaar)   |  |             |
| 12. BIRTHPLACE (city or town) Church Here   | Other Coutributary Causes of Importance:   |             |
| (Stata or country)  |  |             |
| 13. NAME Edment d. Jolson   |  |             |
| 14. BIRTHPLACE (city or town) Steamanlee  | Name of operation Dete of  |             |
| (Stata or country)  | What tast confirmed diagnosis? Was thera en autop:   | sy?         |
| 15. MAIDEN NAME Isabella M. Bambager  | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                     |             |
| o 16. BIRTHPLACE (city or town) the hurch type  | Accidant, sulcida, or homicide? Date of injury   | , 19        |
| (Stata or country)  | Where did injury occur?  |             |
| 17. INFORMANT Mrs E. S. Dolson (Address) Francisco R 2  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |             |
| 18. BURIAL, CREMATION, OR REMOVAL   | Manney of Jajuny   |             |
| Placa Coutrevelle Oate Due 28 1931  | Manner of Injury   |             |
| B.t. B.   | Neture of injury   |             |
| 19. UNDERTAKER Saren (Addrass)  | 24. Was disaasa or injury in any way related to occupation of deceased?  | *******     |
|   |  |             |

If more blanks are needed, address State Registral, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

OC a ORegistrar.

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| Example I   |               | Example II   |               |
|---|---------------|--|---------------|
| The principal cause of death and related and of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis IAN 4 1938   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   BUREAU V.   | July 5, 1927  | Peritonitis  | 3 days ago    |
|   |               |  |               |
| Other contributory causes of importance:                                    |               | Other contributory causes of importance:                                       |               |
| Gallstones  | May 1,1923    | Gastroenteritis  | 1 year        |
|   |               |  |               |
|   |               |  |               |

| ADDITIONAL SPACE FOR FURTH | R STATEMENTS BY PHYSICIAN |
|----------------------------|---------------------------|
|----------------------------|---------------------------|